EQUALIZED VALUE DETERMINATION REQUEST

MUNICIPALITY (, 20) EFFECTIVE CREATION DATE: JANUARY 1, 20 RETURN TO: Wisconsin Dept. of Revenue Tax Incremental Finance PO Box 8971, MS 6-97 Madison, WI 53708-8971 PART I. TAXING JURISDICTIONS AFFECTED Name of Taxing Jurisdiction Municipality School District(s) Technical College County Union High School Lake Management District Sanitary District Other PART II. DECLARATION I declare that this application and attachments have been examined by me and, to the best of my knowledge and belief, are true, correct, and complete. I hereby request the Department of Revenue to determine the equalized value of this tax incremental district. Clerk's signature Femal address Telephone number E-mail address Date Am MUNICIPAL CODE An MUNICIPAL CODE	COUNTY (please type)			OFFICE USE ONLY				
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(OVER)

PE-606 (R. 1-04) Wisconsin Department of Revenue

PART IV. OTHER TAX INCREMENTAL DISTRICTS						
TID NUMBER (Existing & Previous)	CREATION DATE	DISSOLUTION DATE	TID NUMBER (Existing & Previous)	CREATION DATE	DISSOLUTION DATE	

ALL FORMS AND ATTACHMENTS MUST BE COMPLETE AND CORRECT TO THE SATISFACTION OF THE DEPARTMENT OF REVENUE

INSTRUCTIONS

Identify the county, municipality, and TID number in the upper left-hand corner. Fill in the date the creation resolution was adopted by the village board or city council, and the effective creation date of the TID. EXAMPLE: If the resolution was adopted between October 1, 2003 and September 30, 2004 the effective date is January 1, 2004. If it was adopted between October 1, 2004 and September 30, 2005 the effective date is January 1, 2005.

- **PART I** Identify all taxing jurisdictions authorized to levy taxes on property within the tax incremental district. Include the name of the jurisdiction and its identifying number if known.
- **PART II** The clerk should sign in the area provided. (This is the official request for the department of revenue to certify a base value for the district.) Also include the date signed, your telephone number, and e-mail address if available.
- PART III Complete this area if an individual other than the clerk should be contacted for additional information.
- **PART IV** Identify all other tax incremental districts in the municipality, including those that still exist and those that have been terminated or dissolved. Enter the TID number, creation date, and date of dissolution (if applicable). If more space is needed, attach another sheet.